

Arkansas State Board of Nursing

1123 South University, Suite 800, Little Rock, AR 72204-1619

Telephone 501-686-2700 Fax 501-686-2714 or 501-683-3394

Medication Report

INSTRUCTIONS:

Licensee: Fill in your name, your phone number and then check the correct box below. Ask your prescribing practitioner to complete the remainder of the form and request that they mail the form to the Board.

Practitioner providing medical treatment to Licensee: Please take a few moments to complete the form below. After completing the form, please mail to the Board at the above address. The completed form **must** be mailed by the practitioner. If you have any questions, please contact:

Licensee _____ Phone _____ or ASBN Assistant Director **Deborah Jones** Phone **501-686-2788**

Date	Method Given (Check all that apply)	Medication	Dosage, Route, Frequency	# Given	Reason for Medication	Expected Length of TX	Detox Plan (If necessary)
	<input type="checkbox"/> Administered in Office <input type="checkbox"/> Sample(s) Given <input type="checkbox"/> Prescription Given <input type="checkbox"/> Prescription called to Pharmacy			# given ____ # Refills ____			
	<input type="checkbox"/> Administered in Office <input type="checkbox"/> Sample(s) Given <input type="checkbox"/> Prescription Given <input type="checkbox"/> Prescription called to Pharmacy			# given ____ # Refills ____			
	<input type="checkbox"/> Administered in Office <input type="checkbox"/> Sample(s) Given <input type="checkbox"/> Prescription Given <input type="checkbox"/> Prescription called to Pharmacy			# given ____ # Refills ____			
	<input type="checkbox"/> Administered in Office <input type="checkbox"/> Sample(s) Given <input type="checkbox"/> Prescription Given <input type="checkbox"/> Prescription called to Pharmacy			# given ____ # Refills ____			

I understand that this patient has entered into a contract with the Arkansas State Board of Nursing to abstain at all time from the use of controlled or abuse potential substances including alcohol and products that contain alcohol. Short-term treatment of an acute episode will be acceptable with documentation that no other reasonable medical alternative is available. Short-term treatment is a course of treatment that is limited in duration (two weeks).

Practitioner Signature

Practitioner Name (Please print)

Office Phone Number

Date

02-0021